

MDR Tracking Number: M5-05-1466-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-14-05.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 10-13-03 through 1-7-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The office visits, massage therapy, manual therapy, mechanical traction, analysis of data, therapeutic exercises, neuromuscular re-education, therapeutic activities, paraffin bath, hot/cold pack therapy from 2-2-04 through 9-17-04 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 23rd day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

Amended Report 5/19/05

April 15, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-1466-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ received an injury of repetitive motion trauma while working for Raymondville ISD on _____. She was treated at Rio Grande Rehabilitation Specialists in March of 2001. There is no documentation in the record to bridge the gap between 02/03/1999 and current treatment beginning with Dr. Kelley Bell, D.C. on 10/13/2003. There is record that the carrier

was denying compensability of the cervical spine and upper thoracic region. This dispute was resolved with the TWCC awarding compensability of these regions on 07/27/2004.

Upon seeing Dr. Bell on 10/13/2003, ____ was diagnosed with Brachial Neuritis, Cervical Disc without Myelopathy, Thoracic Outlet Syndrome and Muscle Spasm. Dr. Bell recommended care for the cervical spine including passive and active therapies. ____ was treated extensively on a frequency of three times per week and was ultimately returned to work without restrictions on 04/26/04. An MRI of the cervical spine was performed on 12/23/2003 that was read as normal by Dr. Bruce Cheatham, M.D., facility where films were taken is unknown. Peer review performed on 08/17/2004 recommending that no care was reasonable or necessary.

DISPUTED SERVICES

All office visits 99204, 99213, 99214, 97032, 97140, 97530, 97110, 97112, G0283, 97012, 97018, 99090 and/or 97010 for dates of service 2/2/2004, 2/27/2004, 3/12/2004, 3/26/2004, 4/17/2004, 8/12/2004, 8/16/2004, 8/23/2004, 9/10 and 17/2004.

DECISION

The reviewer agrees with the previous adverse decision.

BASIS FOR DECISION

An appropriate trial of care according to Rand Consensus and Mercy Conference Guidelines is typically 2 weeks and with demonstrated improvement this trial can be extended. With the level of chronicity of ____'s conditions, an initial trial of care would be reasonable, however the dates under review exceed this trial period and the benefit from the initial trial period are not documented to support ongoing care. Therefore, all dates of service under this review would not be reasonable or necessary.

Guidelines suggest re-evaluation at two-week intervals unless there is substantial documentation that needs to be reviewed or to change treatment plans. The provider does not substantiate the need for 99214 according to the documentation and Medicare payment policies and procedures. The documentation does not support the level of care or evaluation greater than that of a routine therapy visit.

All therapies under the dates of review are not considered reasonable or necessary as no substantial benefit was realized and the documentation does not suggest that further therapy was part of a directed therapy program where the patient would not have maintained the same level of function as a home exercise program. This would include 99090 (reading of blood pressure) on 03/12/2004 and 03/26/2004. The documentation does not indicate a thorough re-evaluation was performed at any time after 10/13/2003 to properly manage care. The patient did not return to

work until 04/26/2004, however, there is no documentation to support rationale to work without restrictions after having been off work the entire length of treatment starting 10/13/2003.

Furthermore, the MRI performed on 12/23/2003 was negative indicating that this injury was not greater than a sprain/strain type injury where one would expect resolution in approximately 4-6 weeks from the date of injury. However, left untreated, this condition became chronic so a trial of care would be necessary with the expectation the patient would be educated in and transitioned to a home exercise program. But the dates of service for this review exceed the initial trial of care. Guidelines supportive of this decision are the Council of Chiropractic Physiological Therapeutics & Rehabilitation Guidelines, Mercy Conference Guidelines and Rand Consensus Panel.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director